

BEST AVAILABLE COPY

POSITION	INITIALS	ID NO.	DATE
FEES DETERMINATION	10X	715541	11/18
O.I.P.E. CLASSIFIER	MTW	59	11-22-99
FORMALITY REVIEW	HW	21423 11723	12-7-99 3-22-00

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 -+ ..... Restricted O ..... Objected

Claim	Final	Original	Date
1	✓	✓	7-7-92-92
2	✓	✓	1-7-02
3	✓	✓	8-9-02
4	✓	✓	1-6-02
5	✓	✓	1-13-02
6	✓	✓	✓
7	0	0	= = = =
8	0	0	= = = =
9	✓	✓	✓
10	✓	✓	✓
11	✓	✓	✓
12	✓	✓	✓
13	✓	✓	✓
14	✓	✓	✓
15	✓	✓	✓
16	✓	✓	✓
17	✓	✓	✓
18	✓	✓	✓
19	✓	✓	✓
20	✓	✓	✓
21	0	0	= = = =
22	0	0	= = = =
23	✓	✓	✓
24	✓	✓	✓
25	✓	✓	✓
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29	✓	✓	✓
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40	✓	✓	✓
41	✓	✓	✓
42	✓	✓	✓
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Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here